

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/529654**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1			1			
2				1		
3				1		
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45				1		
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48				1		
49				1		
50				1		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	40	←		←
TOTAL CLAIMS			43			

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS